

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>02/01/1989</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE VISITING NURSE ASSOCIATION OF CLEVELAND</u> <u>2500 EAST 22ND STREET</u> <u>CLEVELAND, OH 44115</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0714722</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-931-1532</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621610</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0714722</u>	2c Plan Sponsor's telephone number <u>216-931-1532</u>	2d Business code (see instructions) <u>621610</u>	
2b Employer Identification Number (EIN) <u>34-0714722</u>					
2c Plan Sponsor's telephone number <u>216-931-1532</u>					
2d Business code (see instructions) <u>621610</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	EMILY ANN SMAYDA KELLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	862
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	672
a(2) Total number of active participants at the end of the plan year		6a(2)	707
b Retired or separated participants receiving benefits		6b	22
c Other retired or separated participants entitled to future benefits.....		6c	171
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	900
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	900
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	426
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	162
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2L 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☐ Trust		(3) ☐ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ <u>1</u> A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE VISITING NURSE ASSOCIATION OF CLEVELAND	D Employer Identification Number (EIN) 34-0714722	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	7692	95581-01	422	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
3954	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INDEPENDENT FINANCIAL GROUP LLC
28601 CHAGRIN BLVD #550
CLEVELAND, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3954			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	3680771
5 Current value of plan's interest under this contract in separate accounts at year end	5	16454157

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year.....	7b	3686436
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c Additions: (1) Contributions deposited during the year.....	7c(1)	131145	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	125783	
(4) Transferred from separate account.....	7c(4)	58128	
(5) Other (specify below)	7c(5)	23949	
▶ LOAN PAYMENT(S)			

(6) Total additions.....	7c(6)	339005
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d Total of balance and additions (add lines 7b and 7c(6))	7d	4025441
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	203452	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	141218	
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions.....	7e(5)	344670
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3680771
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE VISITING NURSE ASSOCIATION OF CLEVELAND</u>	D Employer Identification Number (EIN) <u>34-0714722</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	22506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE VISITING NURSE ASSOCIATION OF CLEVELAND</u>	D Employer Identification Number (EIN) <u>34-0714722</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FUTUREFUNDS SERIES ACCOUNT II

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE AND ANNUITY INSURANCE COMPANY

c EIN-PN <u>84-0467907-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16454157</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE VISITING NURSE ASSOCIATION OF CLEVELAND</u>		D Employer Identification Number (EIN) <u>34-0714722</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	27046	25724
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	660596	633131
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	16559665	16454155
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3686436	3680771
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	20933743	20793781

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	20933743	20793781
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	782927	
(C) Others (including rollovers)	2a(1)(C)	71960	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		854887
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	16151	
(F) Other	2b(1)(F)	125798	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		141949
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1050140
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2046976

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2126607	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2126607
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		37825
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	22506	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		22506
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2186938

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-139962
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		3000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE VISITING NURSE ASSOCIATION OF CLEVELAND		D Employer Identification Number (EIN) 34-0714722
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**THE VISITING NURSE ASSOCIATION
MATCHED SAVINGS PLAN**

FINANCIAL REPORT

DECEMBER 31, 2014 and 2013

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN
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SUPPLEMENTAL SCHEDULE	
Schedule of assets (held at end of year) at December 31, 2014	14-15

Independent Auditors' Report

The Plan Administrator
The Visiting Nurse Association Matched Savings Plan
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Visiting Nurse Association Matched Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Bases for Disclaimer of Opinion paragraphs, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Bases for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Great-West Life & Annuity Insurance Company ("Great-West"), the custodian of the Plan, except for comparing such information with the related information included in the financial. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

In addition, because of inadequacies in the Plan's records prior to January 1, 2009, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from inception of the Plan or to satisfy ourselves as to the basis on which participants' equity is stated as of December 31, 2014 and 2013, or the propriety of the distributions to participants who terminated and withdrew from the Plan during the year ended December 31, 2014.

Disclaimer of Opinion

Because of the significance of the matters described in the Bases for Disclaimer of Opinion paragraphs, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Report on Supplementary Information

The supplemental schedule of assets (held at end of year) as of December 31, 2014 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matters described in the Bases for Disclaimer of Opinion paragraphs, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "Meloney + Novotny LLC".

Cleveland, Ohio
October 14, 2015

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u> (RESTATED)
ASSETS:		
INVESTMENTS - AT FAIR VALUE		
Pooled separate accounts	\$16,454,155	\$16,559,665
Guaranteed interest contracts	<u>3,680,771</u>	<u>3,686,436</u>
Total investments - at fair value	20,134,926	20,246,101
RECEIVABLES		
Participant contributions	25,724	27,046
Notes receivable from participants (net)	<u>347,545</u>	<u>396,776</u>
Total receivables	<u>373,269</u>	<u>423,822</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$20,508,195</u>	<u>\$20,669,923</u>

The accompanying notes are an integral part of these financial statements.

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2014

ADDITIONS

Investment income:

Interest and dividends	\$ 125,798
Net appreciation in fair value of pooled separate accounts	<u>1,050,140</u>
Total investment income	1,175,938

Interest income on notes receivable from participants	16,151
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Contributions:

Participants	782,927
Rollover	<u>71,960</u>
Total contributions	<u>854,887</u>

Total additions	2,046,976
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DEDUCTIONS

Benefits paid directly to participants	2,126,607
Deemed distributions from participant loans	59,591
Administrative fees	<u>22,506</u>

Total deductions	<u>2,208,704</u>
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NET DECREASE	(161,728)
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NET ASSETS AVAILABLE FOR BENEFITS:

BEGINNING OF YEAR	20,933,743
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RESTATEMENT ADJUSTMENTS	<u>(263,820)</u>
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BEGINNING OF YEAR (RESTATED)	<u>20,669,923</u>
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END OF YEAR	<u><u>\$20,508,195</u></u>
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The accompanying notes are an integral part of these financial statements.

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of The Visiting Nurse Association Matched Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan under Section 403(b) of the Internal Revenue Code covering all employees of The Visiting Nurse Association of Cleveland, VNA Healthcare Partners of Ohio, VNA of Cleveland Hospice, VNA CarePlus, VNA Housecalls (inactive), and VNA of Mid-Ohio (collectively the "Organization") except for the following: independent contractors and affiliated employers unless the affiliated employer has specifically adopted the Plan in writing. Employees are not required to attain a certain age or complete any period of service with the Organization to become eligible to participate in salary reduction contributions. However, employees are required to complete six months of service to participate in employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions:

Each year, participants may contribute up to 100% of pretax annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service limitations.

The Organization shall have the right to make a discretionary matching contribution equal to a uniform percentage of the participant's deferred compensation (less catch-up contributions) to those participants that are eligible. The exact percentage, if any, is determined each year by the employer. The Organization elected not to make a matching contribution for the year ended December 31, 2014.

The Organization has a contract with the Ohio Nurses Association ("ONA") which defines the matching contribution for employees that are members of the ONA. The Organization and the ONA, based upon a vote and approval by their members, agreed to discontinue the matching contribution, effective July 16, 2010.

The Organization has a contract with the Service Employees International Union ("SEIU") which defines the matching contribution for employees that are members of the SEIU. The Organization and the SEIU, based upon a vote and approval by their members, agreed to discontinue the matching contribution, effective October 11, 2013.

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Description of Plan (Continued)

Participant Accounts:

Great-West Life & Annuity Insurance Company ("Great-West"), the custodian of the Plan, maintains individual accounts for each participant. These accounts are credited with the participants' contribution, employer matching contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants have a 100% non-forfeitable vested interest in their own contributions as well as employer contributions.

Notes Receivable From Participants:

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 5.25% to 11.50%, which are commensurate with local prevailing rates at the time of the loan as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits:

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a specified term. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Withdrawals:

Participants who have attained the age of 59½ may withdraw all or part of their account. Participants under the age of 59½ may withdraw all or part of their tax-deferred contributions for reasons that qualify as a financial hardship, as defined under federal law.

Note 2. Summary of Significant Accounting Policies

- A. Basis of Accounting – The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

A. Basis of Accounting (Continued)

The financial statements of the Plan do not include amounts related to certain investment contracts which became inactive prior to January 1, 2009. As contemplated in the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, the Organization has made a good faith effort to determine the population of plan participants and has included amounts related to all known contracts in these financial statements. Accordingly, these financial statements are acceptable to the Department of Labor as part of the Plan's Form 5500 filing. However, because of the uncertainty involved in ascertaining all previous arrangements, it is possible that contracts may exist related to this Plan which have not been included in these financial statements and those amounts may be material. Accounting principles generally accepted in the United States of America require these amounts to be included in the financial statements.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the fair value of the investment as well as the adjustment of the investment from fair value to contract value (if applicable). No adjustment from fair value to contract value is presented as fair value approximates contract value at December 31, 2014 and 2013. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan document (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

- B. Use of Estimates –** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

- C. Investment Valuation and Income Recognition – Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisor and custodian. See Note 3 for a description of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

- D. Notes Receivable From Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments the plan administrator deems the participant loan to be in default. Allowances of \$285,586 and \$263,820 have been recorded for these defaulted loan balances at December 31, 2014 and 2013 (restated). The change in allowance of \$21,766 is included in deemed distributions from participant loans on the statement of changes in net assets available for benefits.
- E. Payments of Benefits – Benefits are recorded when paid.
- F. Administrative Fees – Certain expenses of the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expense. Investment related expenses are included in net appreciation of fair value of investments.
- G. Reclassifications – Certain reclassifications have been made to the 2013 financial statements to conform to the 2014 presentation.
- H. Prior Year Restatement – Net assets available for benefits and notes receivable from participants at December 31, 2013 have been restated as a result of additional information identified in 2014. The balances for notes receivable from participants, along with the net assets available for benefits, has been adjusted to reflect an allowance of \$263,820 for defaulted and likely uncollectible loan balances.
- I. Subsequent Events – The Plan has evaluated subsequent events through October 14, 2015, which is the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

The Plan records fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

Level 1 – Quoted market prices in active markets for identical assets and liabilities.

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Fair Value Measurements (Continued)

Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data.

Level 3 – Unobservable inputs in which little or no market data exists.

The following is a description of the valuation methodologies used for plan assets measured at fair value:

- The fair value of investments held in the pooled separate accounts is based on their reported net asset value. The net asset value is based primarily on observable inputs, the market value of the underlying investments, and classified as Level 2.
- The Great-West Daily Interest Guarantee Fund, Great-West Guaranteed Fixed Fund, and Guaranteed Interest Fund are valued at contract value as determined by the custodian, which approximates fair value, and represents contributions plus interest at a specified rate, less participant withdrawals and fees. These funds are classified as Level 3, as there are no quoted prices or other observable inputs for pricing. The Plan does not receive unobservable inputs from the custodian; accordingly, the Plan does not use separate quantitative information to value the contract. In determining the reasonableness of the methodology, the plan administrator evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2013 to 2014. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Balanced		\$ 106,048		\$ 106,048
Bond		2,428,282		2,428,282
Fixed income		4,403,050		4,403,050
International		1,541,777		1,541,777
Large cap		5,036,396		5,036,396
Lifetime		506,872		506,872
Mid cap		1,772,917		1,772,917
Small cap		658,813		658,813
Guaranteed interest contracts			3,680,771	3,680,771
Total	\$ -	\$16,454,155	\$ 3,680,771	\$20,134,926

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Balanced		\$ 25,820		\$ 25,820
Bond		2,615,886		2,615,886
Fixed income		4,505,066		4,505,066
International		1,941,556		1,941,556
Large cap		4,697,764		4,697,764
Lifetime		169,218		169,218
Mid cap		1,847,693		1,847,693
Small cap		756,662		756,662
Guaranteed interest contracts			3,686,436	3,686,436
Total	\$ -	\$16,559,665	\$ 3,686,436	\$20,246,101

The tables below set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2014 and 2013:

	2014		
	Guaranteed Interest Contracts		
	Great-West Daily Interest Guarantee Fund	Great-West Guaranteed Fixed Fund	Guaranteed Interest Fund
Balance, beginning of year	\$ 33,405	\$ 3,568,926	\$ 84,105
Purchases	-	-	213,222
Sales	(3,853)	(328,886)	(11,931)
Interest income	1,268	120,353	4,162
Balance, end of year	\$ 30,820	\$ 3,360,393	\$ 289,558

	2013		
	Guaranteed Interest Contracts		
	Great-West Daily Interest Guarantee Fund	Great-West Guaranteed Fixed Fund	Guaranteed Interest Fund
Balance, beginning of year	\$ 32,492	\$ 3,670,222	\$ -
Purchases	-	212,220	85,469
Sales	(378)	(443,753)	(2,015)
Interest income	1,291	130,237	651
Balance, end of year	\$ 33,405	\$ 3,568,926	\$ 84,105

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Unaudited Information

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified to the completeness and accuracy of all investments and notes receivable from participants reflected in the statements of net assets available for benefits at December 31, 2014 and 2013, the supplemental schedule at December 31, 2014, the related investment and loan activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2014, and investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

The following presents investments that individually represent 5% or more of the Plan's net assets available for benefits at December 31:

	<u>2014</u>	<u>2013</u>
Great-West Aggressive Profile I Fund I	*	\$1,102,137
Great-West Ariel Mid Cap Value Fund I	*	1,053,046
Great-West Moderate Profile Portfolio I Fund I	\$1,865,767	1,770,877
Great-West Stock Index Fund I	2,211,324	2,152,024
Great-West Guaranteed Fixed Fund	3,360,393	3,568,926

*Investment did not represent 5% or more of the Plan's net assets at the end of the respective period presented.

Note 5. Guaranteed Interest Contracts

The Plan entered into fully-benefit responsive guaranteed interest contracts with the custodian. The custodian maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rates are based on formulas agreed upon with the issuer. Such interest rates are reviewed quarterly.

The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity dates.

<u>Average Yields</u> (Great-West Daily Interest Guarantee Fund)	<u>2014</u>	<u>2013</u>
Based on earnings by plan	4.00	4.00
Based on interest rate credited to participants	4.00	4.00
<u>Average Yields</u> (Great-West Guaranteed Fixed Fund)	<u>2014</u>	<u>2013</u>
Based on earnings by plan	3.50	3.50
Based on interest rate credited to participants	3.50	3.50

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. **Guaranteed Interest Contracts (Continued)**

<u>Average Yields</u> (Guaranteed Interest Fund)	<u>2014</u>	<u>2013</u>
Based on earnings by plan	2.30	2.25
Based on interest rate credited to participants	2.30	2.25

Note 6. **Party-in-Interest Transactions**

Certain plan investments are managed by Great-West. The Plan also pays Great-West administrative fees for services performed. Great-West is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amount to \$22,506 for the year ended December 31, 2014.

Note 7. **Plan Termination**

Although it has not expressed any intent to do so, the Organization reserves the right to terminate the Plan at any time by an action of its Board of Directors subject to the provisions of ERISA. In the event of termination of the Plan, the assets then remaining in the funds will be allocated and distributed to participants in accordance with the terms and provisions of the Plan.

Note 8. **Federal Income Tax Status**

Although the Plan has not received a determination letter from the Internal Revenue Service stating the qualification of the Plan and related trust, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements. As of December 31, 2014, the Plan's tax years from 2011 and thereafter remain subject to examination by the Internal Revenue Service, as well as various other taxing authorities.

Note 9. **Risks and Uncertainties**

The Plan holds various investment options in combinations of investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$20,508,195	\$20,669,923
Notes receivable from participants deemed distributed for the financial statements	<u>285,586</u>	<u>263,820</u>
Net assets available for benefits per the Form 5500	<u>\$20,793,781</u>	<u>\$20,933,743</u>

The following is a reconciliation of benefits paid directly to participants per the financial statements for the year ended December 31, 2014 to Form 5500:

Benefits paid directly to participants per the financial statements	\$ 59,591
Change in the allowance for notes receivable	<u>(21,766)</u>
Benefits paid directly to participants per the Form 5500	<u>\$ 37,825</u>

Notes receivable from participants are recorded as deemed distributions on the Form 5500 when the loan is defaulted for tax purposes.

SUPPLEMENTAL SCHEDULE

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

EMPLOYER NO. 34-0714722

PLAN NO. 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2014

(a) (b) <u>Identity of Party</u>	(c) <u>Description of Investments</u>	Current (e) <u>Value</u>
	<u>Pooled Separate Accounts</u>	
* Great-West Life & Annuity Insurance Company	Alger American Balanced I-2	\$ 106,048
* Great-West Life & Annuity Insurance Company	Alger American Mid Cap Growth Portfolio I-2	128,348
* Great-West Life & Annuity Insurance Company	American Century Equity Income Fund	284,427
* Great-West Life & Annuity Insurance Company	American Funds Growth Fund R3	425,379
* Great-West Life & Annuity Insurance Company	Artisan International Fund	596,873
* Great-West Life & Annuity Insurance Company	Clearbridge Value Trust Fund	12,138
* Great-West Life & Annuity Insurance Company	Columbia Mid Cap Value Fund R	282,989
* Great-West Life & Annuity Insurance Company	Davis New York Venture Fund - R	113,030
* Great-West Life & Annuity Insurance Company	Federated Capital Appreciation, A	128,753
* Great-West Life & Annuity Insurance Company	Fidelity VIP Growth Portfolio	569,636
* Great-West Life & Annuity Insurance Company	Fidelity VIP II ContraFund	334,241
* Great-West Life & Annuity Insurance Company	Great-West Aggressive Profile I Fund I	896,155
* Great-West Life & Annuity Insurance Company	Great-West Ariel Mid Cap Value Fund I	824,627
* Great-West Life & Annuity Insurance Company	Great-West Bond Index Fund I	800,341
* Great-West Life & Annuity Insurance Company	Great-West Conservative Profile Fund I	116,350
* Great-West Life & Annuity Insurance Company	Great-West Lifetime 2015 Portfolio II T	238,354
* Great-West Life & Annuity Insurance Company	Great-West Lifetime 2025 Portfolio II T	140,807
* Great-West Life & Annuity Insurance Company	Great-West Lifetime 2035 Portfolio II T	43,679
* Great-West Life & Annuity Insurance Company	Great-West Lifetime 2045 Portfolio II T	49,366
* Great-West Life & Annuity Insurance Company	Great-West Lifetime 2055 Portfolio II T	34,666
* Great-West Life & Annuity Insurance Company	Great-West Loomis Sayles Bond Fund I	313,600
* Great-West Life & Annuity Insurance Company	Great-West Loomis Sayles Small Cap Value Fund I	133,351
* Great-West Life & Annuity Insurance Company	Great-West MFS International Value Fund I	375,557
* Great-West Life & Annuity Insurance Company	Great-West Moderate Profile Portfolio I Fund I	1,865,767
* Great-West Life & Annuity Insurance Company	Great-West Moderately Aggressive Profile I Fund I	982,517
* Great-West Life & Annuity Insurance Company	Great-West Moderately Conservative Profile I Fund I	137,861
* Great-West Life & Annuity Insurance Company	Great-West Money Market Fund I	404,400
* Great-West Life & Annuity Insurance Company	Great-West S&P Small Cap 600 Index Fund I	282,167
* Great-West Life & Annuity Insurance Company	Great-West Small Cap Growth Fund I	67,795
* Great-West Life & Annuity Insurance Company	Great-West Stock Index Fund I	2,211,324
* Great-West Life & Annuity Insurance Company	Great-West T. Rowe Price Equity/Income Fund I	278,859
* Great-West Life & Annuity Insurance Company	Great-West T. Rowe Price Midcap Growth Fund I	260,242
* Great-West Life & Annuity Insurance Company	Great-West US Government Mortgage Secur Fund I	369,918
* Great-West Life & Annuity Insurance Company	Invesco American Franchise A	14,913
* Great-West Life & Annuity Insurance Company	Invesco American Value R	202,523
* Great-West Life & Annuity Insurance Company	Invesco Comstock Fund R	433,327
* Great-West Life & Annuity Insurance Company	Invesco Dynamics Fund	45,775
* Great-West Life & Annuity Insurance Company	Invesco Small Cap Growth A	1,216
* Great-West Life & Annuity Insurance Company	Janus Twenty Fund T	24,888
* Great-West Life & Annuity Insurance Company	Janus Worldwide Fund T	10,924
* Great-West Life & Annuity Insurance Company	Jensen Quality Growth R	24,457
* Great-West Life & Annuity Insurance Company	Lord Abbett Value Opportunities A	28,413
* Great-West Life & Annuity Insurance Company	MainStay US Small Cap A	537
* Great-West Life & Annuity Insurance Company	MFS Growth A	2

THE VISITING NURSE ASSOCIATION MATCHED SAVINGS PLAN

EMPLOYER NO. 34-0714722

PLAN NO. 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2014

(a) (b) <u>Identity of Party</u>	(c) <u>Description of Investments</u>	Current (e) <u>Value</u>
<u>Pooled Separate Accounts (Continued)</u>		
* Great-West Life & Annuity Insurance Company	Oppenheimer Capital Appreciation, A	74,752
* Great-West Life & Annuity Insurance Company	Oppenheimer Global Fund	434,937
* Great-West Life & Annuity Insurance Company	PIMCO Total Return Admin	753,708
* Great-West Life & Annuity Insurance Company	Pioneer VCT Equity-Income Portfolio II	106,270
* Great-West Life & Annuity Insurance Company	Putnam High Yield Advantage R	190,715
* Great-West Life & Annuity Insurance Company	Putnam International Capital Opp R	123,486
* Great-West Life & Annuity Insurance Company	RidgeWorth Small Cap Growth Stock - I	146,331
* Great-West Life & Annuity Insurance Company	Royce Total Return K	23,125
* Great-West Life & Annuity Insurance Company	RS Select Growth A	3,108
* Great-West Life & Annuity Insurance Company	RS Small Cap Growth A	1,183
		<u>16,454,155</u>
<u>Guaranteed Interest Contracts</u>		
* Great-West Life & Annuity Insurance Company	Great-West Daily Interest Guarantee Fund	30,820
* Great-West Life & Annuity Insurance Company	Great-West Guaranteed Fixed Fund	3,360,393
* Great-West Life & Annuity Insurance Company	Guaranteed Interest Fund	289,558
		<u>3,680,771</u>
* Participant loans	Interest rates ranging from 5.25% to 11.50%	<u>347,545</u>
		<u>\$20,482,471</u>

* Represents a party-in-interest

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

V.N.A. of Cleveland Matched Savings Plan
01-JAN-14 to 31-DEC-14

24-JAN-15 03:13:06

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
12015MT			236,362.80	238,354.27
12025MT			127,769.02	140,806.69
12035MT			35,705.30	43,679.18
12045MT			43,980.86	49,366.23
12055MT			30,746.65	34,666.31
1PS5R			604,965.20	896,155.19
1PS4R			732,345.25	982,517.37
1PS3R			1,449,548.88	1,865,766.71
1PS2R			113,155.91	137,861.26
1PS1R			101,921.26	116,349.56
1AI			486,821.09	596,873.39
1IEF			298,648.30	375,556.96
1JW			7,971.66	10,923.53
1OGA			339,272.10	434,937.31
1PIO			128,582.68	123,485.66
1MR2			225,824.88	282,166.97
1LSA			91,858.43	133,350.51
1SCG			43,671.11	67,795.19
1ASC			702.77	1,215.64
1MSO			344.34	536.87
1SSG			100,736.61	146,331.19
1RTK			16,143.02	23,125.06
1RSG			1,817.48	3,107.50
1RSE			658.39	1,184.12
1AAM			86,364.82	128,347.94
1CVR			271,996.49	282,989.40
1GF1			596,497.78	824,626.60
1TMC			177,586.68	260,242.31
1IDY			30,138.66	45,775.08
1LVP			19,098.27	28,412.85
1VAV			178,017.98	202,522.93
1EQI			189,724.58	284,427.42
1AFG			342,337.02	425,378.68
1DVR			77,675.64	113,029.76
1FCA			93,457.44	128,752.48
1FVG			385,692.59	569,635.54
1FCF			218,468.90	334,241.13
1SIF			1,456,232.47	2,211,323.50
1TEI			187,404.71	278,859.36
1ABC			10,668.51	14,913.35
1VSR			388,109.11	433,327.28
1JTW			15,676.07	24,887.64
1JEN			15,223.19	24,456.93
1LMV			7,219.92	12,137.46
1MSC			1.12	1.88
1OCA			47,677.32	74,752.37
1PEI			70,458.63	106,269.77
1AAB			95,693.13	106,048.42
1BI			763,086.01	800,341.38
1CBF			268,766.05	313,600.30
1USG			331,939.94	369,633.40

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA V.N.A. of Cleveland Matched Savings Plan
01-JAN-14 to 31-DEC-14

24-JAN-15 03:13:06

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PTR			718,905.63	753,707.51
1PHA			191,440.75	190,715.41
1GFFL2		3.500	2,594,870.78	3,360,393.11
1DIGF		4.000	11,668.51	30,820.55
1GIFGFF		2.300	284,846.49	289,557.76
1MMF			404,400.47	404,400.39
			15,750,899.65	20,134,642.56
PARTICIPANT LOANS	VARIOUS	5.250-11.500	583,796.37	633,131.07
FORFEITURES			253.15	284.98

LEGEND

INVESTMENT OPTION:

12015MT	Great-West Lifetime 2015 Fund II T	12025MT	Great-West Lifetime 2025 Fund II T
12035MT	Great-West Lifetime 2035 Fund II T	12045MT	Great-West Lifetime 2045 Fund II T
12055MT	Great-West Lifetime 2055 Fund II T	1PS5R	Great-West Aggressive Profile I Fund I
1PS4R	Great-West Mod Aggr Profile I Fund I	1PS3R	Great-West Moderate Profile I Fund I
1PS2R	Great-West Mod Conserv Profile I Fund I	1PS1R	Great-West Conserv Profile I Fund I
1AI	Artisan International Fund	1IEF	Great-West MFS Intl Value Fund I
1JW	Janus Global Research T	1OGA	Oppenheimer Global Fund
1PIO	Putnam International Capital Opp R	1MR2	Great-West S&P SmallCap 600 Index Fund I
1LSA	Great-West Loomis Sayles SmCapVal Fund I	1SCG	Great-West Small Cap Growth Fund I
1ASC	INVESCO Small Cap Growth A	1MSO	MainStay US Small Cap A
1SSG	RidgeWorth Small Cap Growth Stock - I	1RTK	Royce Total Return K
1RSR	RS Select Growth A	1RSE	RS Small Cap Growth A
1AAM	Alger Mid Cap Growth I-2	1CVR	Columbia Mid Cap Value Fund R
1GF1	Great-West Ariel Mid Cap Value Fund I	1TMC	Great-West T Rowe Price MidCap Gr Fund I
1IDY	Invesco Mid Cap Growth A	1LVP	Lord Abbett Value Opportunities A
1VAV	Invesco American Value R	1EQI	American Century Equity Income Fund
1AFG	American Funds Growth Fund R3	1DVR	Davis New York Venture Fund - R
1FCA	Federated Equity Income A	1FVG	Fidelity VIP Growth Portfolio
1FCF	Fidelity VIP II ContraFund	1SIF	Great-West Stock Index Fund I
1TEI	Great-West T. Rowe Price Eq Inc Fund I	1ABC	Invesco American Franchise A
1VSR	Invesco Comstock R	1JTW	Janus Twenty Fund T
1JEN	Jensen Quality Growth R	1LMV	ClearBridge Value Trust FI
1MSC	MFS Growth A	1OCA	Oppenheimer Capital Appreciation, A
1PEI	Pioneer VCT Equity-Income Portfolio II	1AAB	Alger Balanced I-2
1BI	Great-West Bond Index Fund I	1CBF	Great-West Loomis Sayles Bond Fund I
1USG	Great-West US Govt Mortgage Secur Fund I	1PTR	PIMCO Total Return Admin
1PHA	Putnam High Yield Advantage R	1GFFL2	Great-West Guaranteed Fixed Fund
1DIGF	Great-West Daily Interest Guarantee Fund	1GIFGFF	Guaranteed Interest Fund
1MMF	Great-West Money Market Fund I		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year